

**COMMITTEE FOR PUBLIC COUNSEL SERVICES**  
**REQUEST FOR WAIVER OF TEN HOUR DAILY BILLING LIMIT**

Attorney Name: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Date For Which Waiver Is Sought: \_\_\_\_\_ Total Billable Hours on Waiver Date: \_\_\_\_\_

Have you previously submitted any bills that included services performed on the Waiver Date? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Please list below each non-murder case on which you have submitted or will submit a Request for Payment for hours worked on the Waiver Date. **DO NOT SUBMIT ANY RFPs WITH THE REQUEST FOR WAIVER.**

1. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

2. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

**Attorney Certification:** I hereby certify under the pains and penalties of perjury that I have accurately described the services performed and the number of hours billed or to be billed on each case included on this request for a waiver.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* The Request for Waiver must identify all cases on which services were performed and all hours worked on the Waiver Date. Submit one Request for Waiver for each date on which more than ten billable hours of service were performed. If necessary, use a separate sheet to describe the services performed on the Waiver Date. You must submit the Request for Waiver and receive approval of your waiver request before billing for more than ten hours for the Waiver Date. If your waiver is approved, you will not be compensated for hours in excess of the total hours approved for the requested Waiver Date.

\* \* The approval of your waiver for the requested Waiver Date will not exclude that date from any billing or performance audit with respect to services performed on the Waiver Date.

\* \* \* The Manual for Counsel Assigned Through the Committee for Public Counsel Services (June 1995) requires assigned counsel to maintain contemporaneous time records for each case as well as a daily log which records all time worked and services performed on each date. Please refer to the section on Time Records at pp. 93-94 of the Manual.

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|-----------------------|-----------------------|----------------|-------------------|
| Waiver Date Approved: | Total Hours Approved: | Waiver Denied: | Date of Decision: |
|-----------------------|-----------------------|----------------|-------------------|

3. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

4. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

5. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

6. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

7. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

8. Client Name: \_\_\_\_\_ NAC Number: \_\_\_\_\_ Court and Docket Number(s): \_\_\_\_\_

Type of Case: \_\_\_\_\_ Hours Billed or to be Billed for Waiver Date: \_\_\_\_\_

Description of Services Provided on Waiver Date: \_\_\_\_\_

ATTACH ADDITIONAL LIST OF CASES IF NECESSARY